

California Integrated Waste Management Board

Waste Tire Hauler Program

Quarterly Manifest Reporting Requirements

For Tire Haulers

<i>Business Name:</i>	
<i>Business Address:</i>	
<i>Mailing Address: (if different)</i>	
<i>Telephone Number:</i>	()
<i>Hauler ID:</i>	
<i>Hauler's Name:</i>	
<i>Hauler's Signature:</i>	
<i>Destination Site Name & Address (primary):</i>	
<i>Destination Site Name & Address (additional):</i>	
<i>Destination Site Name & Address (additional):</i>	

<i>Manifest Number</i>	<i>Date Of Shipment</i>	<i>Quantity Of Waste Tires (enter quantity and check appropriate unit)</i> <small><i>*additional space is available on the back of this form.</i></small>
		<input type="checkbox"/> Whole Tires <input type="checkbox"/> yd ³ <input type="checkbox"/> lbs. <input type="checkbox"/> tons
		<input type="checkbox"/> Whole Tires <input type="checkbox"/> yd ³ <input type="checkbox"/> lbs. <input type="checkbox"/> tons
		<input type="checkbox"/> Whole Tires <input type="checkbox"/> yd ³ <input type="checkbox"/> lbs. <input type="checkbox"/> tons
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		<input type="checkbox"/> Whole Tires <input type="checkbox"/> yd ³ <input type="checkbox"/> lbs. <input type="checkbox"/> tons
		<input type="checkbox"/> Whole Tires <input type="checkbox"/> yd ³ <input type="checkbox"/> lbs. <input type="checkbox"/> tons

If you have any questions concerning this form, please contact Keith Cambridge at (916) 341-6422.

Submit the quarterly reporting forms to:

***California Integrated Waste Management Board
Waste Tire Hauler Program, MS-22
P.O. Box 4025
Sacramento, CA 95812
or***

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Fax (916) 319-7605

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		<input type="checkbox"/> Whole Tires <input type="checkbox"/> yd ³ <input type="checkbox"/> lbs. <input type="checkbox"/> tons
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